SEGALL BRYANT & HAMILL

Account Application
Retail Class

Do not use this application to establish an Individual Retirement Account. Please print all items clearly (except signature). To avoid having your application returned, please be sure to complete Steps 1, 2 & 9.

Please return completed application and check made payable to: Segall Bryant & Hamill Funds

Regular Mail:
Segall Bryant & Hamill Funds
P.O. Box 46707
Cincinnati, Ohio 45246-0707
800-392-2673

Overnight:
Segall Bryant & Hamill Funds
225 Pictoria Drive, Suite 450
Cincinnati, Ohio 45246

1 ACCOUNT REGISTRATION

1A. Check All that Apply

❑ **Individual** ❑ **Joint Account** ***(cannot be a minor)*** Joint owners have rights of survivorship, unless state laws regarding community property apply.

❑ **Joint Other: (Specify)** ______________________ (i.e., tenants in common, community property)
(If no account type is specified, account will be established as joint tenants with right of survivorship)

Owner's Legal Name ______________________

Owner's Social Security Number ______________________ Owner's Date of Birth ______________________

Joint Owner's Name (if applicable) ______________________ Relationship to Owner ❑ Spouse ❑ Non-Spouse
(If no election, relationship to owner will be considered Non-Spouse)

Joint Owner's Social Security Number ______________________ Joint Owner's Date of Birth ______________________

❑ **Trust, Corporation, Partnership or other Entity** Please attach a copy of the appropriate bylaws, articles of incorporation, resolutions or trust documents establishing authority to open this account and the existence of the entity.

To help the government fight financial crime, Federal regulation requires certain financial institutions, including mutual funds, to obtain, verify, and record information about the beneficial owners of legal entity customers.

Please complete section entitled "**Certification Regarding Beneficial Owners of Legal Entity Customers**" if the account is to be established on behalf of a legal entity, which includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

❑ **Government Entity/Plan or Program of Government Entity**

Name of Trust, Corporation, Partnership or other Entity ______________________

❑ C-Corporation not subject to IRS reporting by the Funds

Taxpayer Identification Number ______________________ Trust Date ______________________

Name of Trustee(s) or Authorized Individual(s) ______________________

Social Security Number of Trustee(s) or Authorized Individual(s) ______________________ Date of Birth for Trustee(s) or Authorized Individual(s) ______________________

❑ **Gift/Transfer to a Minor (UGMA/UTMA)**

______________________ as a custodian for ______________________ under the ______________________ UGMA/UTMA.
Custodian's Name (only one permitted) Minor's Name (only one permitted) State

Minor's Social Security Number ______________________ Minor's Date of Birth ______________________

Custodian's Social Security Number ______________________ Custodian's Date of Birth ______________________

1B. Mailing Address and Telephone Number

Number and Street or P.O. Box ______________________ City ____________ State ____________ Zip ____________

Telephone Number ____________ Fax Number ____________ E-mail Address ______________________

1C. Legal Address (Physical Address) Only needed if different from mailing address. No P.O. Boxes.

Number and Street ______________________ City ____________ State ____________ Zip ____________

2 INITIAL INVESTMENT

Initial purchase minimum is $2,500 per fund. If the Automatic Investment Plan in Section 7 is chosen or this is an UGMA/UTMA account, the initial purchase minimum is $1,000.

Indicate the amount and enclose a check for the amount of your investment.

The Funds do not accept cash, drafts, "starter" checks, traveler's checks, credit card checks, third party checks, post-dated checks, non-U.S. financial institution checks, cashier's checks under $10,000 or money orders.

	Amount
Segall Bryant & Hamill Micro Cap Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Small Cap Value Dividend Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Small Cap Growth Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Smid Cap Value Dividend Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Mid Cap Value Dividend Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Fundamental International Small Cap Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Global Large Cap Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Workplace Equality Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Short Term Plus Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Plus Bond Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Quality High Yield Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Municipal Opportunities Fund - Retail Class ($2,500 min.)	$ ________
Segall Bryant & Hamill Colorado Tax Free Fund - Retail Class ($2,500 min.)	$ ________

3 REDEMPTION AND DISTRIBUTION OPTIONS

Your dividends and capital gains will be automatically reinvested into your account unless you indicate otherwise below.

	Distribution Method			Payment Method		
	Reinvest		Cash*	ACH**		Check
Capital Gains	❑	or	❑	❑	or	❑
Dividends	❑	or	❑	❑	or	❑

* *Must choose a payment method*

** *Automated Clearing House sent to bank account listed in Step 8*

4 COST BASIS SELECTION

Cost basis calculation method for all accounts established by this application:

❑ **Average Cost (Default method, if not specified)**

❑ **First-In, First-Out (FIFO)***

❑ **Last-In, First-Out (LIFO)***

❑ **Highest-Cost, First-Out (HIFO)***

❑ **Specific Share Identification ****

* *If you have any questions, please contact our shareholder services group at 800-392-2673 for assistance.*

** *If Specific Share Identification is selected and no instruction is provided as to which shares should be redeemed, Average Cost will be used.*

5 TELEPHONE & ONLINE PRIVILEGES

As a shareholder, you will automatically have access to your accounts via our automated telephone and online computer services unless you specifically decline from them below.

❑ I DO NOT want any telephone transaction privileges.

❑ I DO NOT want online access.

6 DUPLICATE STATEMENTS AND CONFIRMATIONS

Please send duplicate statements and confirmations to an address other than that listed in Step 1B (optional):

Name ____________________ Company Name ____________________

Street Address or P.O. Box ____________________ City __________ State ______ Zip ______

7 ACCOUNT SERVICE OPTIONS

7A. Purchase Options

Automatic Investment Plan* ❑ **Yes** ❑ **No**

Permits you to automatically invest in your Fund account through your bank account (you must complete Step 8). Please indicate the amount and interval (quarterly or monthly on the 15th and/or the last day of each month). The minimum subsequent purchase is $25 for the Retail Classes.

Please make my automatic investment on:

❑ the last business day of each month/quarter

❑ the 15th day of each month/quarter

Frequency

❑ Monthly Beginning in the month of ____________________

❑ Quarterly

Funds	**Amount**
Segall Bryant & Hamill Micro Cap Fund - Retail Class	$ ____________
Segall Bryant & Hamill Small Cap Value Dividend Fund - Retail Class	$ ____________
Segall Bryant & Hamill Small Cap Growth Fund - Retail Class	$ ____________
Segall Bryant & Hamill Smid Cap Value Dividend Fund - Retail Class	$ ____________
Segall Bryant & Hamill Mid Cap Value Dividend Fund - Retail Class	$ ____________
Segall Bryant & Hamill Fundamental International Small Cap Fund - Retail Class	$ ____________
Segall Bryant & Hamill Global Large Cap Fund - Retail Class	$ ____________
Segall Bryant & Hamill Workplace Equality Fund - Retail Class	$ ____________
Segall Bryant & Hamill Short Term Plus Fund - Retail Class	$ ____________
Segall Bryant & Hamill Plus Bond Fund - Retail Class	$ ____________
Segall Bryant & Hamill Quality High Yield Fund - Retail Class	$ ____________
Segall Bryant & Hamill Municipal Opportunities Fund - Retail Class	$ ____________
Segall Bryant & Hamill Colorado Tax Free Fund - Retail Class	$ ____________

* *This plan involves continuous investment, regardless of share price levels, and does not assure a profit or protect against a loss in declining markets.*

7B. Redemption Option

By Electronic Transfer *(to your bank account)* ❑ **Yes** ❑ **Decline**

If yes, you must complete bank information in Step 8 and select method of transfer.

❑ **ACH (Automated Clearing House)** ($100 minimum)

❑ **WIRE** ($1,000 minimum)

8 ELECTRONIC FUNDS TRANSFER INSTRUCTIONS

By providing banking instructions below and signing Step 9, I authorize credits/debits to/from this bank account in conjunction with the account options selected. I understand for the selected options involving wire transactions, my bank may charge me wire fees. I agree that the Fund(s) and its agents may make additional attempts to debit/credit my account if the initial attempt fails and that I will be liable for any associated costs. All account options selected shall become part of the terms, representations and conditions of this application.

This is a: ❑ **checking account** ❑ **savings account**

Name of
Bank Account Owner ______________________________

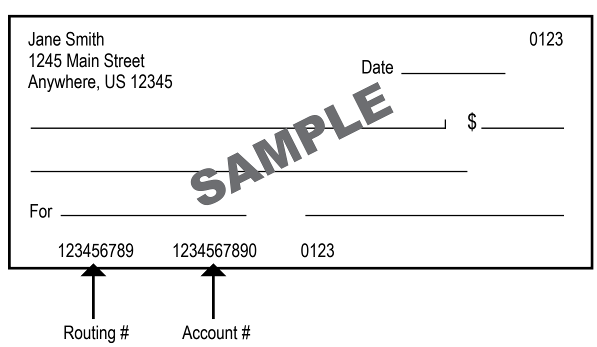
Name of
Co-Bank Account Owner ______________________________

Bank Name ______________________________

Bank Address ______________________________

Account # ______________________________

Routing # ______________________________



9 SIGNATURES AND CERTIFICATIONS

By signing below, I certify that:

- I have received and read the current prospectus of the Segall Bryant & Hamill Funds (the "Fund Company") in which I am investing. I certify that I have the authority and legal capacity to make this purchase in this account, and that I am of legal age in my state of residence.
- I authorize the Fund Company and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the prospectus for this account or any account into which transfers are made. I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account. I agree that neither the Fund Company nor any of its agents will be liable for any loss, cost or expense for acting on such instructions.
- The Fund Company can redeem shares from my account(s) to reimburse for any loss due to non-payment or other indebtedness.
- I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law. This process is governed by the escheatment laws of your state.

Under penalty of perjury, I certify that:

1. I am a U.S. person (including a U.S. resident alien) as defined on IRS Form W-9.
2. The Social Security Number or Taxpayer Identification Number shown on this application is correct.
3. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends.

Cross out Item 3 if you have been notified by the IRS that you are currently subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Each Account Owner Must Sign Here

Signature of Owner, Trustee, Custodian or Authorized Individual Date

Signature of Joint Owner, Co-Trustee or Authorized Individual Date

Fund Shares are not deposits or obligations of, or guaranteed or endorsed by, any financial institution and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please remember that any documents or information we gather in the verification process will be maintained in a confidential manner.

10 INVESTMENT BROKER/DEALER

Important: To be completed by broker/dealer representative (broker/dealer must have approved agreement with the Funds' distributor and/or Fund Company).

Broker/Dealer Firm Name Dealer # Branch Name

Representative's Name Rep # Branch # Rep Telephone Number

Rep Office Street Address Rep Office City/State/Zip

Authorized Signature (Registered Representative)

Thank you for your investment. You will receive a confirmation showing your Fund account number, dollar amount, shares purchased and price paid per share.

For assistance with this or other forms, please call us at 800-392-2673.

CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS/DEFINITIONS

In compliance with the Customer Due Diligence requirements issued by the Financial Crimes Enforcement Network (FinCEN), financial institutions must identify and verify the identity of the beneficial owners of all legal entity customers.

This form must be completed by the person opening a new account on behalf of a legal entity customer. For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by filing a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account on their own behalf.

This form requires you provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. Persons) for the following individuals (i.e., the beneficial owners):

(i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); ***and***

(ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. ***Regardless of the number of individuals identified in section (i), you must provide the identifying information of one individual under section (ii)***. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of ACME, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)).

The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form.

II. CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

a. Name and Title of
Natural Person Opening Account: ______________________________

b. Name, Type (select below), and Address of
Legal Entity for Which the Account is Being Opened: ______________________________

- ❑ Corporation
- ❑ Limited Liability Company
- ❑ Limited Partnership
- ❑ General Partnership
- ❑ Business Trust
- ❑ Other entity created by filing with a state office

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	**Date of Birth**	**Address (Residential or Business Street Address)**	***For U.S. Persons:*** **Social Security Number**	***For Non-U.S. Persons:*** **Social Security Number, Passport Number and Country of Issuance, or other similar identification number**

(If no individual meets this definition, please write, "Not Applicable")

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

Name	**Date of Birth**	**Address (Residential or Business Street Address)**	***For U.S. Persons:*** **Social Security Number**	***For Non-U.S. Persons:*** **Social Security Number, Passport Number and Country of Issuance, or other similar identification number**

I, ______________________________ (name of natural person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature: ______________________________ **Date:** ______________

SEGALL BRYANT & HAMILL

FACTS	WHAT DOES SEGALL BRYANT & HAMILL FUNDS DO WITH YOUR PERSONAL INFORMATION?
WHY?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
WHAT?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: ▪ Social Security number and Checking Account Information ▪ Account Balances and Investment Experience ▪ Transaction History and Wire Transfer Instructions When you are ***no longer*** our customer, we continue to share your information as described in this notice.
HOW?	All financial companies need to share customer's personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customer's personal information; the reasons Segall Bryant & Hamill Funds chooses to share; and whether you can limit this sharing.

REASONS WE CAN SHARE YOUR PERSONAL INFORMATION	DOES SEGALL BRYANT & HAMILL FUNDS SHARE?	CAN YOU LIMIT THIS SHARING?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	N/A
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	N/A
For nonaffiliates to market to you	No	N/A

QUESTIONS?	Call (800)392-2673 or go to www.sbhfunds.com

WHO WE ARE	
Who is providing this notice?	Segall Bryant & Hamill Funds

WHAT WE DO	
How does Segall Bryant & Hamill Funds protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Segall Bryant & Hamill Funds collect my personal information?	We collect your personal information, for example, when you ▪ Open an account or Provide account information ▪ Direct us to buy securities or Direct us to sell securities ▪ Give us your contact information
Why can't I limit all sharing?	Federal law gives you the right to limit only ▪ sharing for affiliates' everyday business purposes—information about your creditworthiness ▪ affiliates from using your information to market to you ▪ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing.

DEFINITIONS	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ▪ *Our affiliates include companies with a Segall Bryant & Hamill name.*
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ▪ *Nonaffiliates we share with can include shareholder servicing and stock transfer agent companies.*
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ▪ *Segall Bryant & Hamill Funds doesn't jointly market.*